

Name
in
Full

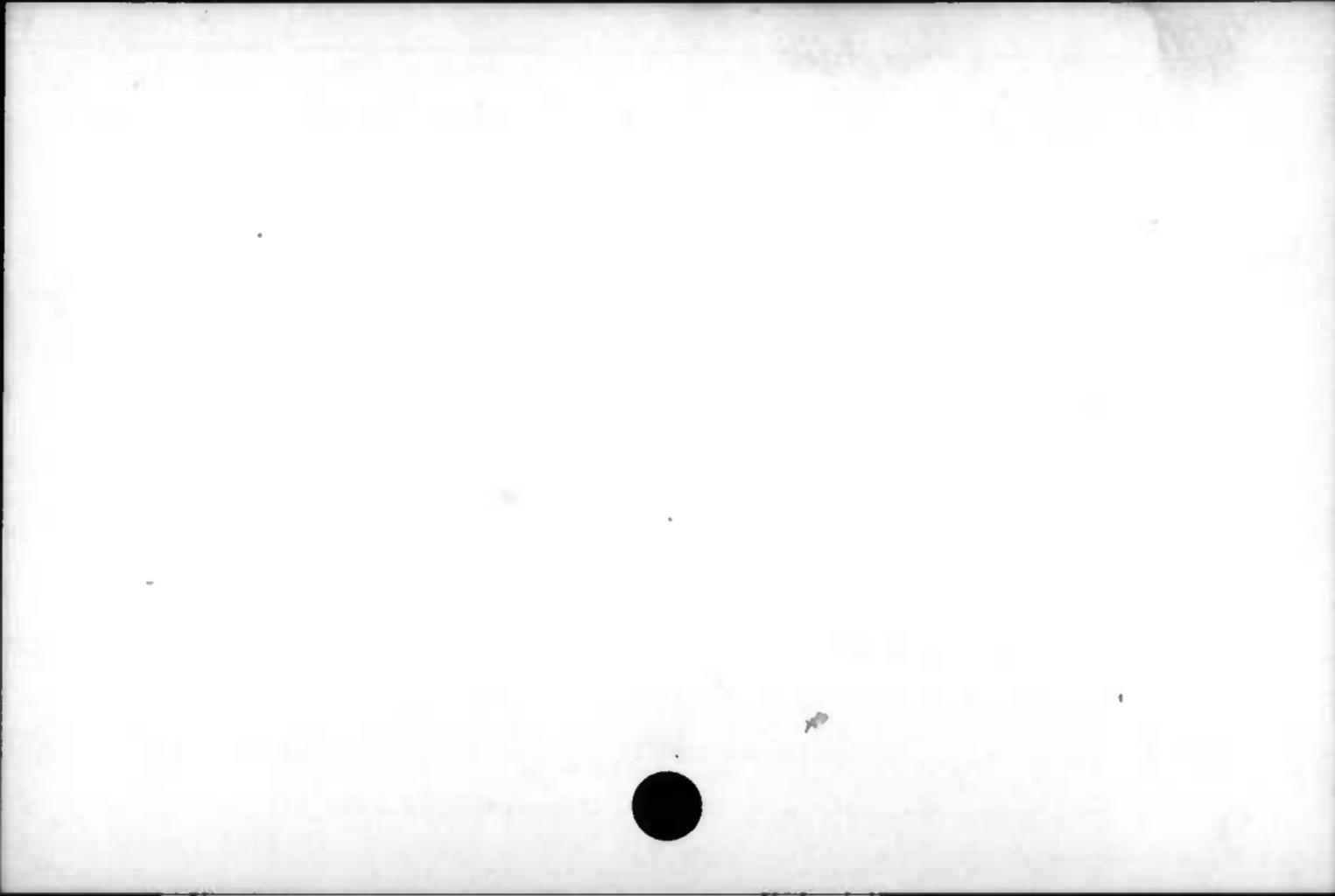
CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Glenelg		own	County	MARYLAND		
Date of death 1903	Month	Day		Years	Months	Days	
Sex	Female	Color or Race	White	Age	Birth-place		
Married, Single or Widowed	Married		Occupation	Maryland			
Name of Wife or Husband			Housewife				
Father's Name	Robert Day		Father's Birthplace	Md			
Mother's Maiden Name			Mother's Birthplace				
Name of person giving Information	Physician		How related to deceased	None			

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Cerebral Hemorrhage	How long	6 Weeks
	Immediate	Exhaustion	How long	3 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	S. A. Nichols	
		Address	Dayton Md	
Accident or Suicide?				



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died at <i>Oakland</i>		Town <i>Kensington</i>		County <i>MARYLAND</i>	
Date of death 1903	Month 3	Day 1	Age	Years	Months Days
Sex Male	Color or Race White	Birth-place <i>Md</i>			
Married, Single or Widowed	Occupation				—
Name of Wife or Husband	—				—
Father's Name <i>Richard Brown</i>					Father's Birthplace <i>Md</i>
Mother's Maiden Name <i>Eveline Reece</i>					Mother's Birthplace <i>Md</i>
Name of person giving Information <i>Richard Brown</i>					How related to deceased Father
CAUSES OF DEATH					
Primary	<i>Still Born</i>				How long
Immediate					How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Yes</i>	Address <i>Richard Brown Oakland</i>		
Accident or Suicide?		<i>Md</i>			



not named

Died at *Elk Ridge* Town *Howard Co.* County MARYLAND
 Date *1903* Month *March* Day *4th* Y. M. D. Native of
still Born *Maryland* Occupation

Male	White	Married -	Widow	Divorced
Female	Colored	Single	Widower	Number of children living

Husband of

Wife

Father's Name

Theodore Burton

Mother's Name

Constant Burton

Cause of Death

Primary

Invol position in labor

How long sick

Immediate

Accident, Suicide, Homicide

Reported by

Arthur Willians M.D.

Address

Elk Ridge

Howard Co. Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr. _____
of _____

Seen by Coroner _____
of _____

**Information contained in this certificate received
from** _____
of _____

Name
in
Full

Grover Conner Jr.

CERTIFICATE OF DEATH

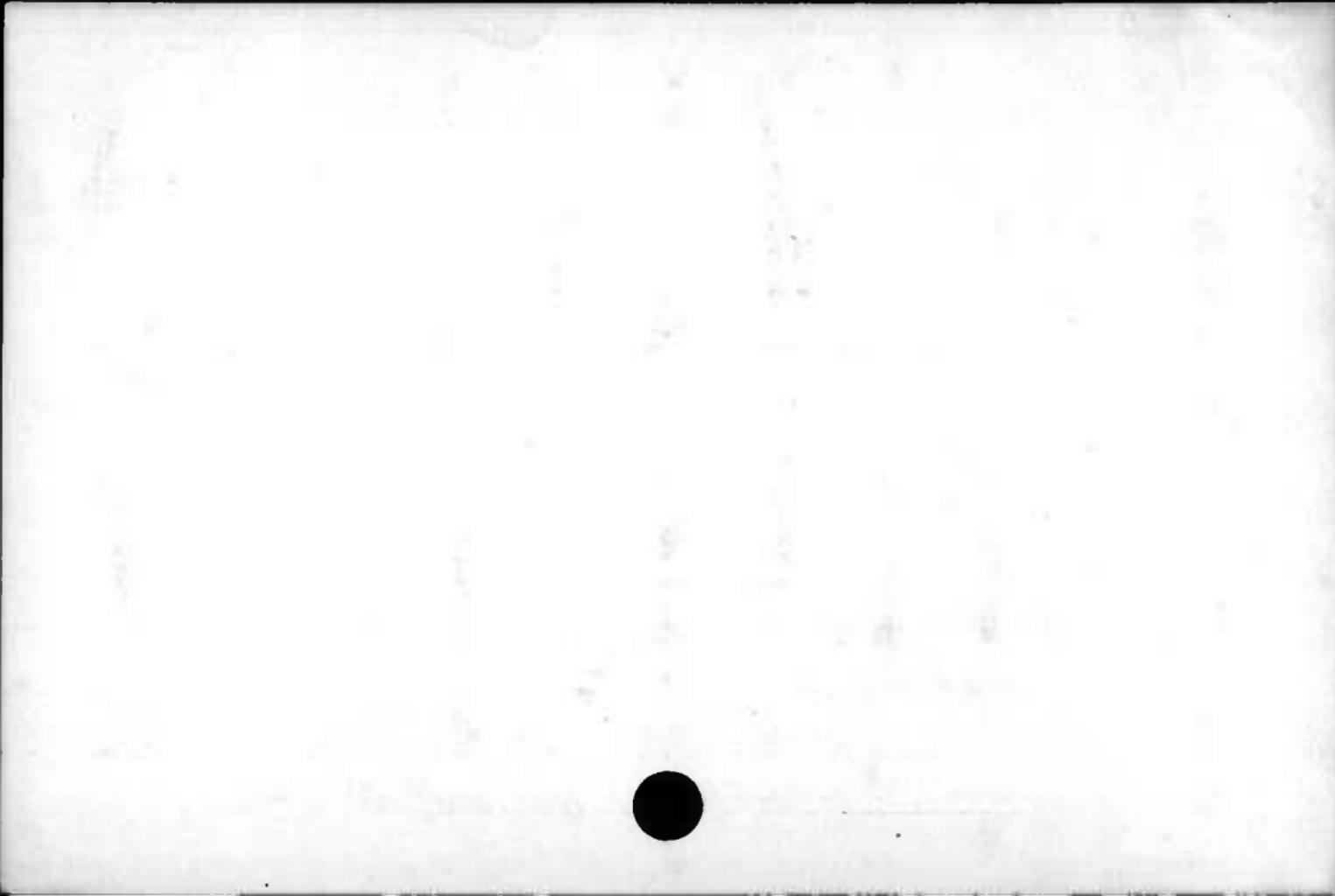
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1908	Month 3	Day 20	Years 47	Months	Days 4
Sex male	Color or Race white	Birth-place Va.			
Married, Single or Widowed	Occupation				
Name of Wife or Husband	Hannie Burke				
Father's Name	Grover Conner		Father's Birthplace	Va	
Mother's Maiden Name	Sarah Strother		Mother's Birthplace	Va	
Name of person giving information	Hannie Conner		How related to deceased	wife	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pneumonia	93	How long	6 days
Immediate	Heart failure	90	How long	a few hours
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	W. L. Whittemore M.D.
			Address	Savage Md
Accident or Suicide?				



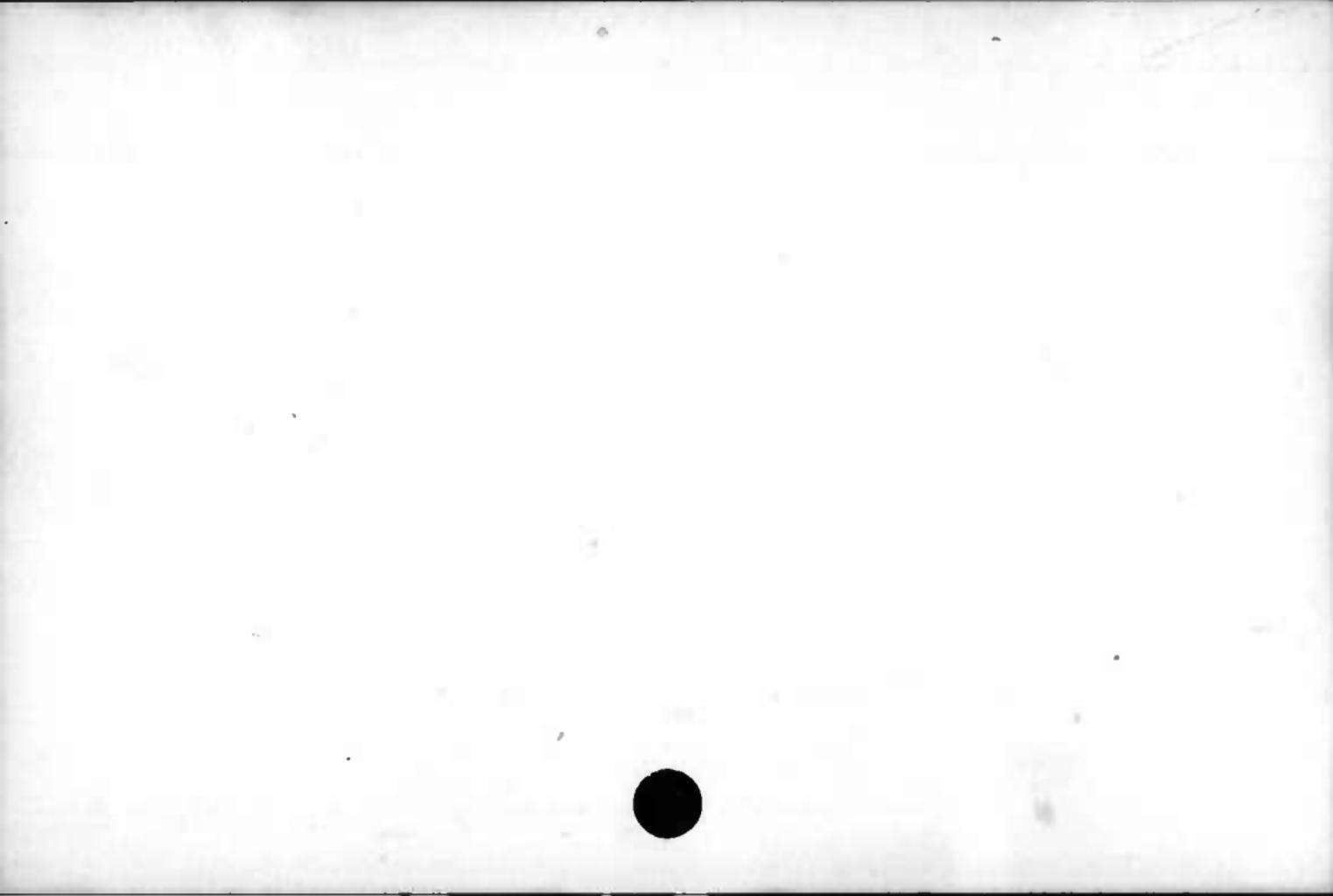
Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

<h1>Dora Cook</h1>					CERTIFICATE OF DEATH		
Died at	Town	County	MARYLAND				
Date of death 1903	Month Mar	Day 1st	Years 14	Months	Days		
Sex Female	Color or Race Black	Birth-place Md					
Married, Single or Widowed Single	Occupation School child						
Name of Wife or Husband							
Father's Name Warner Cook	Father's Birthplace Md						
Mother's Maiden Name Matilda Bruce	Mother's Birthplace Md						
Name of person giving Information S. A. Nichols	How related to deceased Physician						

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary Pulmonary Tuberculosis	How long 1 year
	Immediate Asthma	How long 2 months
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician S. A. Nichols.
		Address Dayton Md
Accident or Suicide?		



Name in Full

Certificate of Death

Rev P. P. Dennis

Died at St Chas College Town Howard County MARYLANDDate 1903 Month Mar Day 2 Age 83 Native ofMale White Married Widow Divorced
Female Colored Single Widower Number of children living

Husband of

Wife

Father's Name

2

Mother's Name

2

Name

Maiden Name

Cause of Death

Primary

Eng. petros - Old age

How long sick
Feeble for years

Death

Immediate

Eng. petros

Accident, Suicide, Homicide

Reported by

J. J. Byrne 18

Address

8

Ellicott City Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Janet Gravel

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month 3	Day 3	Years 69	Months 11	Days
Sex Female	Color or Race White	Birth-place Scotland			
Married, Single or Widowed Married	Occupation Housewife				
Name of Wife or Husband Nicholas Gravel					
Father's Name Brighton	Father's Birthplace Scotland				
Mother's Maiden Name Thompson	Mother's Birthplace Scotland				
Name of person giving Information John Gravel	How related to deceased Son				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Berebral Hemorrhage	How long
Immediate	Heart Failure	How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

D. H. L. Cissel

Ms.

Address

Highland Md.

Accident or Suicide?

8



Name in Full

Thomas Jackson

Certificate of Death

Town	County			MARYLAND
Died at	Howard			
Date 1903	Month March	Day 5	Y. — 3 —	Native of Md.
Male	Age	Married	Widow	Occupation
Female	Colored	Single	Widower	-Divorced
Husband of				Number of children living
Wife				
Father's Name	Eli Jackson	Mother's Maiden Name	Mary Blackston	
Cause of Death	Primary	How long sick 1 month		
	Immediate	151		
Reported by	M. R. Eareckson			
Address	Eek Ridge, Md. [redacted]			

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Jane Sophia Jensen
 Town County
 Died at Dayton Howard

MARYLAND

Date 1903	Month March	Day 28	Y. 7	M. 7	D. 27	Native of Dayton	Occupation
Male	White	Age 38	Married	Widow	Divorced		
Female	Colored	Single		Widower		Number of children living	
Husband of _____							
Wife _____							
Father's Name Alfred Jensen	Mother's Name Elizabeth Jensen						
Cause of Death Primary Bronchitis Pneumonia	How long sick 4 weeks						
Death Immediate	Accident, Suicide, Homicide						

Reported by Aug 28th 1903

Address Brighton Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



11/15

Reuler-Dowey Johnson

Town

County

Died at

Wyoming

Howard Co

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Md.

Occupation

Male

White

Age

18

Widow

Divorced

Female

Colored

Married

Single

Widower

Number of children living

Husband
of

Wife

Father's

Name

Thomas M. Johnson

Mother's

Maiden Name

Sarah Keene

Cause of

Primary

Bronchitis

How long sick

about one week

Death

Immediate

Pneumonia

Accident, Suicide, Homicide

Reported by

William E. Hodges M.D.

Address

Elliot St. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Ellen Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County			
Died at	Jonestown	Howard Co.		MARYLAND	
Date of death 1903	Month March	Day 17	Age 82	Months 11	Days
Sex Female	Color or Race White	Birth-place Maryland			
Married, Single or Widowed	Midow	Occupation Housewife			
Name of Husband	Nathan W. Jones				
Father's Name	Louis Hopper	Father's Birthplace Md.			
Mother's Maiden Name	Nellie Clark	Mother's Birthplace Md.			
Name of person giving Information	Mrs. Williams (?)	How related to deceased Niece			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Senility

How long

Immediate

Asthenia

1st

How long

2 years (?)

Are the name, age, sex, color, date and place correctly given above?

yes

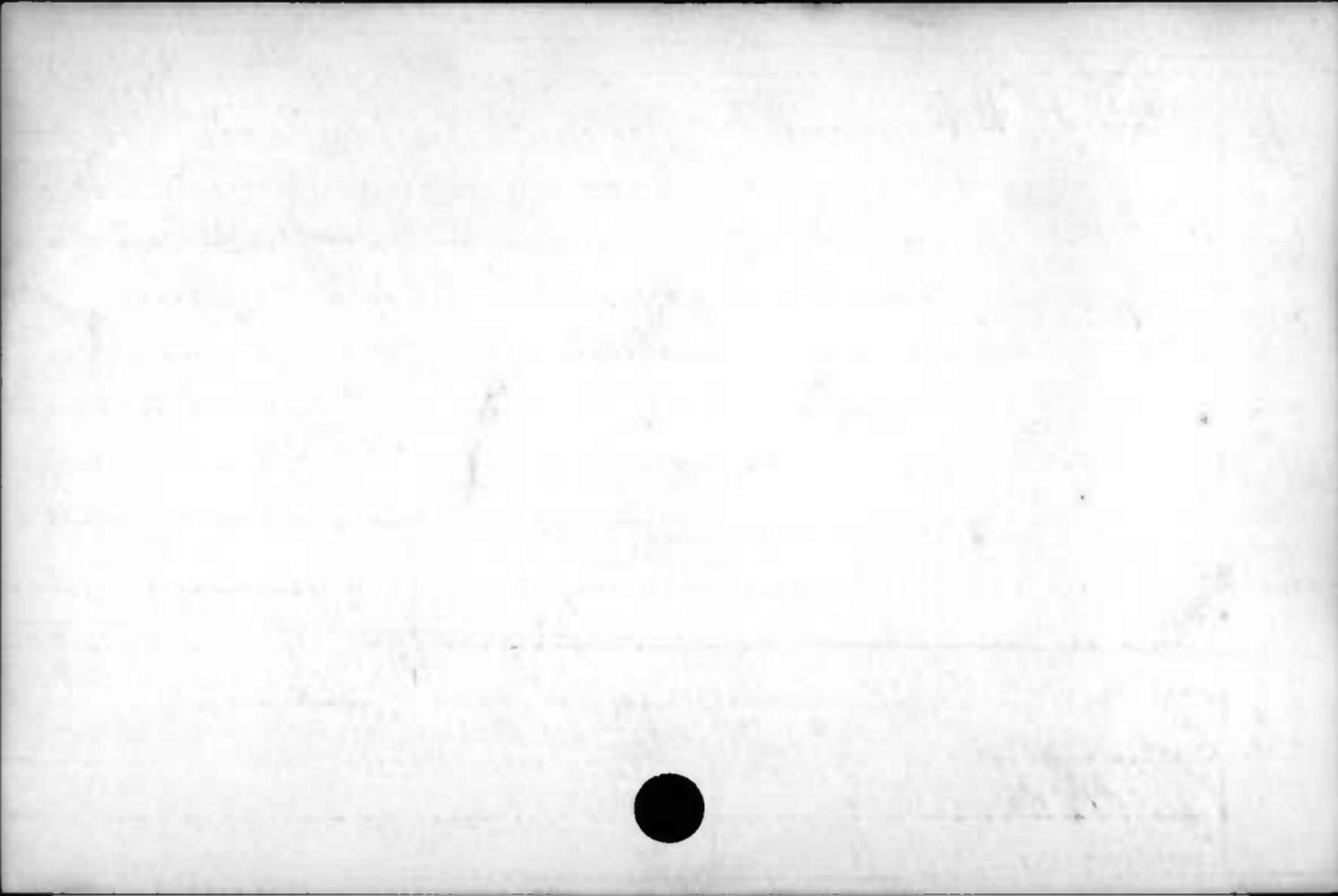
Signature of Physician

Wm B Gambrill

Address

Alberton, Md.

Accident or Suicide?



Nathan F. Jones

Town

County

Died at

Gowestown

Howard

MARYLAND

Month

Day

Y.

M.

D.

Date 1903

Mch 6

Age 82

Native of

Md

Occupation

Store Keeper

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

3

Husband of

Ellen Stupper

Father's Name

Philemon Jones

Mother's Maiden Name

Erena Waters

Cause of Death

Primary

Senility, Chronic Bronchitis

How long sick

Immediate

Cardiac Paralysis

3 years (?)

Reported by

Dr. W. B. Gambrill

Accident, Suicide, Homicide

Address

Alberton,

Howard Co., Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Died at	Town	County	MARYLAND
	<u>Alberton</u>	<u>Howard</u>	
Date	Month	Day	Native of
<u>1905</u>	<u>March</u>	<u>18</u>	<u>Md</u>
Male	White	Age	Occupation
<u>Female</u>	<u>Colored</u>	<u>Still-Born</u>	<u>Divorced</u>
Husband of			
Wife			
Father's Name	Albert Stanley Jones	Mother's Name	Sarah Ellen Leounor
Cause of Death	Primary Prolonged & Difficult Labor		
	How long sick		
	<u>Still-Born</u>		
Immediate	Compression of Cord		
Reported by	Dr. W. B. Gambill		
Address	Howard Co. Md.		

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

09027488

09027488
Received 10/10/00

Daniel Laffey

Died at Elk Ridge, Howard County, Maryland

Date 1903	Month March	Day 4	Age 75	Y. M. D.	Native of England	Occupation Merchant
Male	White		Married	Widow	Divorced	
Female	Colored		Single	Widower	Number of children living	Three

Husband of

Father's

Name

Cause of

Primary

Heart disease 2 years

How long sick

Death

Immediate

Heart disease

Accident, Suicide, Homicide

Reported by

Dr. Fred Williams, M.D.

Address

Elk Ridge, Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

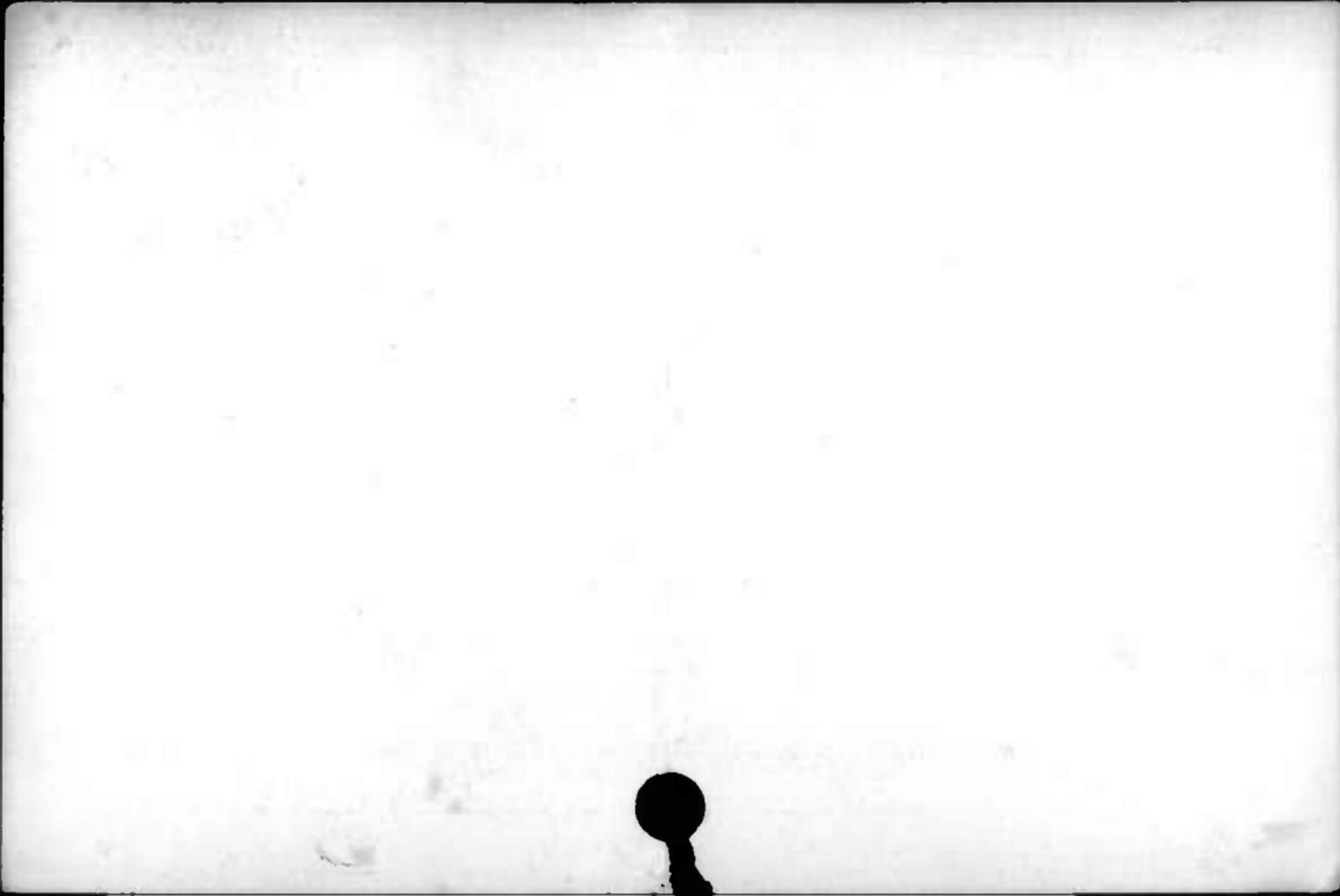
19 Maggie Layton		County Howard.		CERTIFICATE OF DEATH	
Died at own home Florence.					MARYLAND
Date of death 1903	Month Mar.	Day 21	Years Age 41	Months 9	Days 13
Sex Female.	Color or Race white			Birth-place Va	
Married, Single or Widowed Married	Occupation Wife				
Name of Wife or Husband Charles Layton					
Father's Name Tom McSherry				Father's Birthplace Va	
Mother's Maiden Name Emma J Allen				Mother's Birthplace Va	
Name of person giving information Charles Layton				How related to deceased Husband	
CAUSES OF DEATH					
Primary	Lung tuberculosis			How long Several years.	
Immediate	27			How long	

Are the name, age, sex, color, date,
and place correctly given above?

Signature of Physician
C.W. Lucy.

Address
1120 L Street

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Thomas E. Mc Clelland

CERTIFICATE OF DEATH

MARYLAND

Died at Elliott City -

Howard

Town

County

Date
of death 190

Month
March

Day
18

Years

Age
60 yrs

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

United States

Married, Single
or Widowed

Married

Occupation

Agent

Name of Wife or
Husband

Mary E. Mc Clelland

Father's
Name

John E. Mc Clelland

Father's
Birthplace

Gaithersburg

Mother's
Maiden Name

Emily J. Mc Clelland

Mother's
Birthplace

Howard Co.

Name of person giving
Information

Wife

How related
to deceased

(checkmark)

CAUSES OF DEATH

Primary

Pyrexia
Exhaustion

20

How long

one week

Immediate

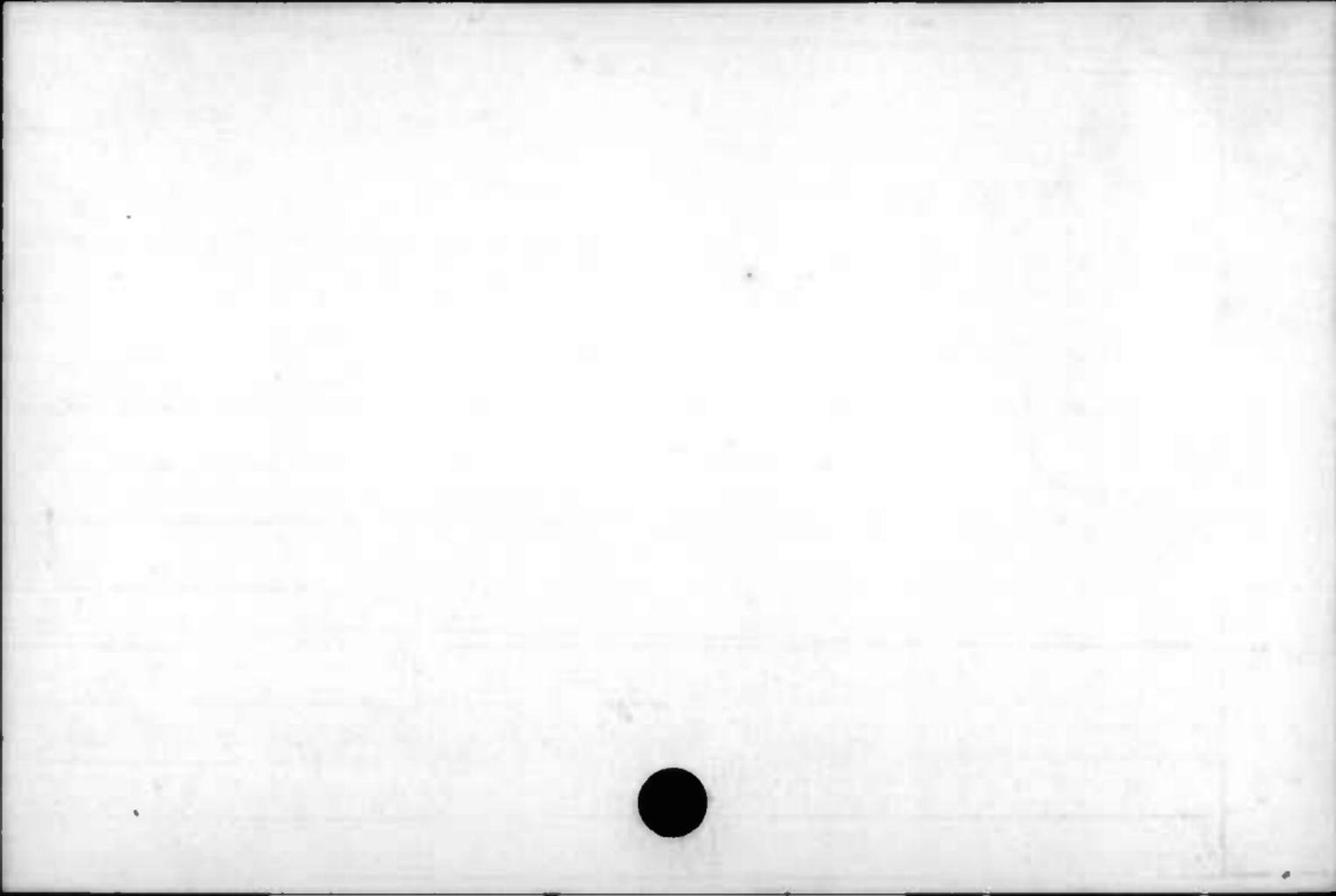
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

John F. Manges MD
Elliott City

Accident or Suicide?



Name
in
Full

Clara McKenzie

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	
Electo City	Howard		
Date of death 1903	Month Mch	Day 1	Years 16
Age 5	Months	Days 28	
Sex Female	Color or Race White	Birth-place Baltimore Co., Md.	
Married, Single or Widowed	Occupation _____		
Name of Wife or Husband	_____		
Father's Name Silas McKenzie	Father's Birthplace Balt. Co. Md.		
Mother's Maiden Name Mary A. Dyson	Mother's Birthplace Balt. Co. Md.		
Name of person giving information Silas McKenzie	How related to deceased Father		

CAUSES OF DEATH

Primary	Pulmonary Tuberculosis	How long 1 year
Immediate	Asthenia	How long
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician W. B. Gambill
		Address Alberton, Md.
Accident or Suicide?		



Name
in
Full

Joseph Miles

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Hugh Ridge</u> Town		County <u>Howard Co.</u>		MARYLAND <u>Md</u>		
Date of death 190 <u>3</u>	Month <u>March</u>	Day <u>8th</u>	Age <u>1</u> Years	Months <u>-</u>	Days <u>-</u>	
Sex <u>Male</u>	Color or Race <u>white</u>					Birth- place <u>Howard Co.</u>
Married, Single or Widowed <u>Single</u>	Occupation <u>—</u>					
Name of Wife or Husband <u>—</u>						
Father's Name <u>John Jr. Miles</u>						Father's Birthplace <u>Howard Co.</u>
Mother's Maiden Name <u>Margret H. Gooy</u>						Mother's Birthplace <u>Howard Co.</u>
Name of person giving Information <u>John Jr Miles</u>						How related to deceased <u>Father</u>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Pneumonia</u>	<u>q3</u>	How long <u>2 weeks</u>
Immediate <u>Influenza</u>		How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>O. B. Beyer</u>	
	Address <u>Lemuel Mo.</u>	
Accident or Suicide? <u>D</u>		

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Name
in
Full

CERTIFICATE OF DEATH

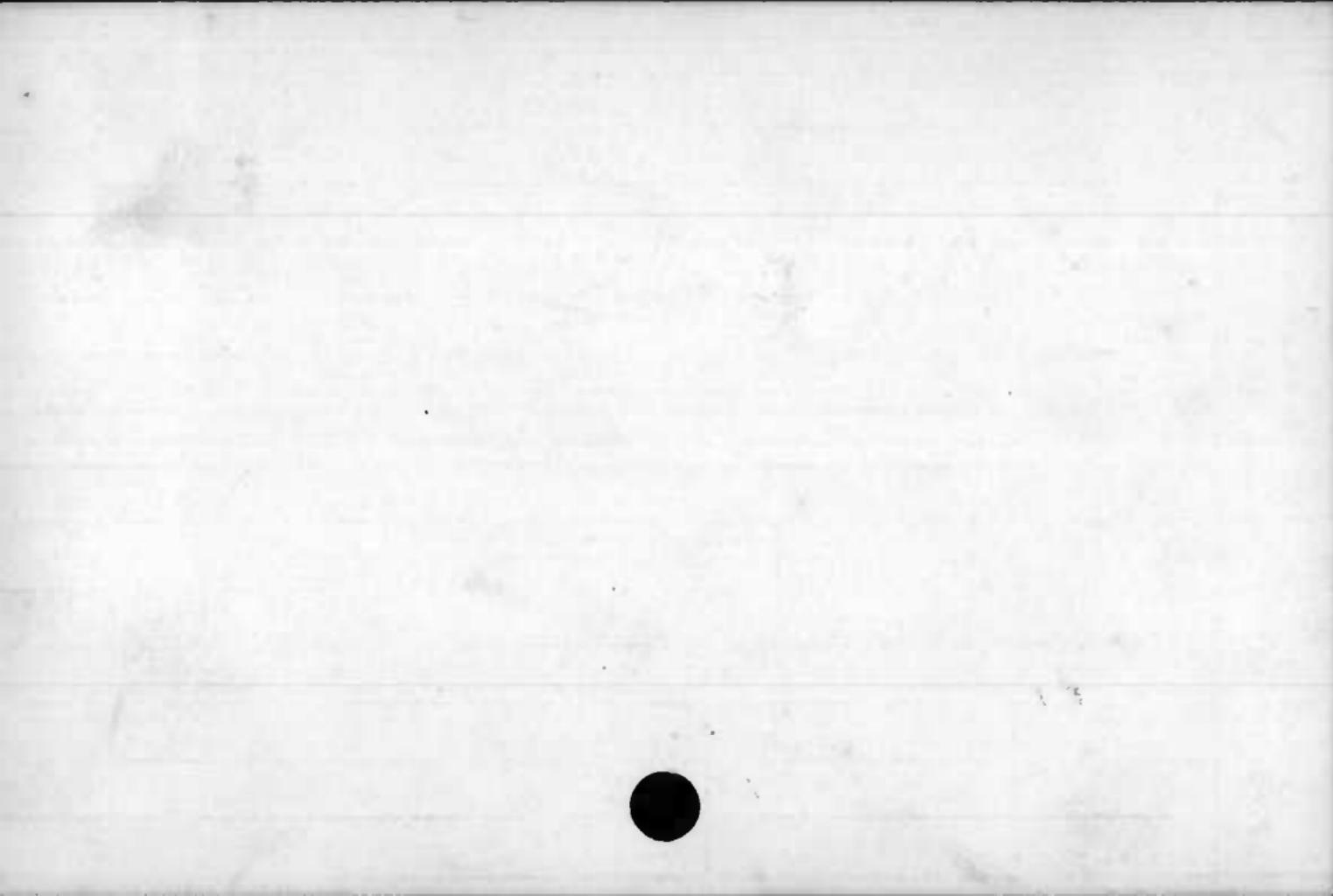
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND			
Date of death 190	Month	Day	Years	Months	Days	
Sex	Color or Race	Age	Birth-place			
Married, Single or Widowed	Occupation					
Name of Wife or Husband						
Father's Name			Father's Birthplace	Howard Co.		
Mother's Maiden Name			Mother's Birthplace	Howard Co.		
Name of person giving information			How related to deceased	Mother		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pneumonia		How long	2 weeks
Immediate	Cerebral		How long	-
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Dr. Pauline M. Mauer	
		Address	1st Street, Mt. Pleasant, Md.	
Accident or Suicide?				



Name
in
Full

Margaret A Mollineux

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 190	Month	Day	Years	Months	Days
of death 190	3 March	11	Age 56		
Sex	Female	Color or Race	White	Birth-place	Maryland
Married, Single or Widowed	Married	Occupation	housewife		
Name of Wife Husband	Basil Mollineux				
Father's Name					
Mother's Maiden Name					
Name of person giving Information	Basil Mollineux				

CAUSES OF DEATH

Primary	measles complicated by heart disease	How long
Immediate	heart disease	How long fell in floor and died in a few minutes
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician
		Address
8		Arthur Williams Elk Ridge Maryland Howard Co
Accident or Suicide?		



Name
in
Full

20 Alice 2 Parsley (Rev. Sue)

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month	Day	Years	Months	Days
Sex	Color or Race	Occupation	Birth-place		
Married, Single or Widowed	Deceased				
Name of Wife or Husband	Richard Parsley		Father's Birthplace	Anclam	
Father's Name	George H. Sue		Mother's Birthplace	" "	
Mother's Maiden Name	Elizabeth Gordon		How related to deceased	uncle	
Name of person giving Information	Hannah Wilson				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Heredity C. inflection

How long

Several years.

How long

Immediate

Signature of Physician

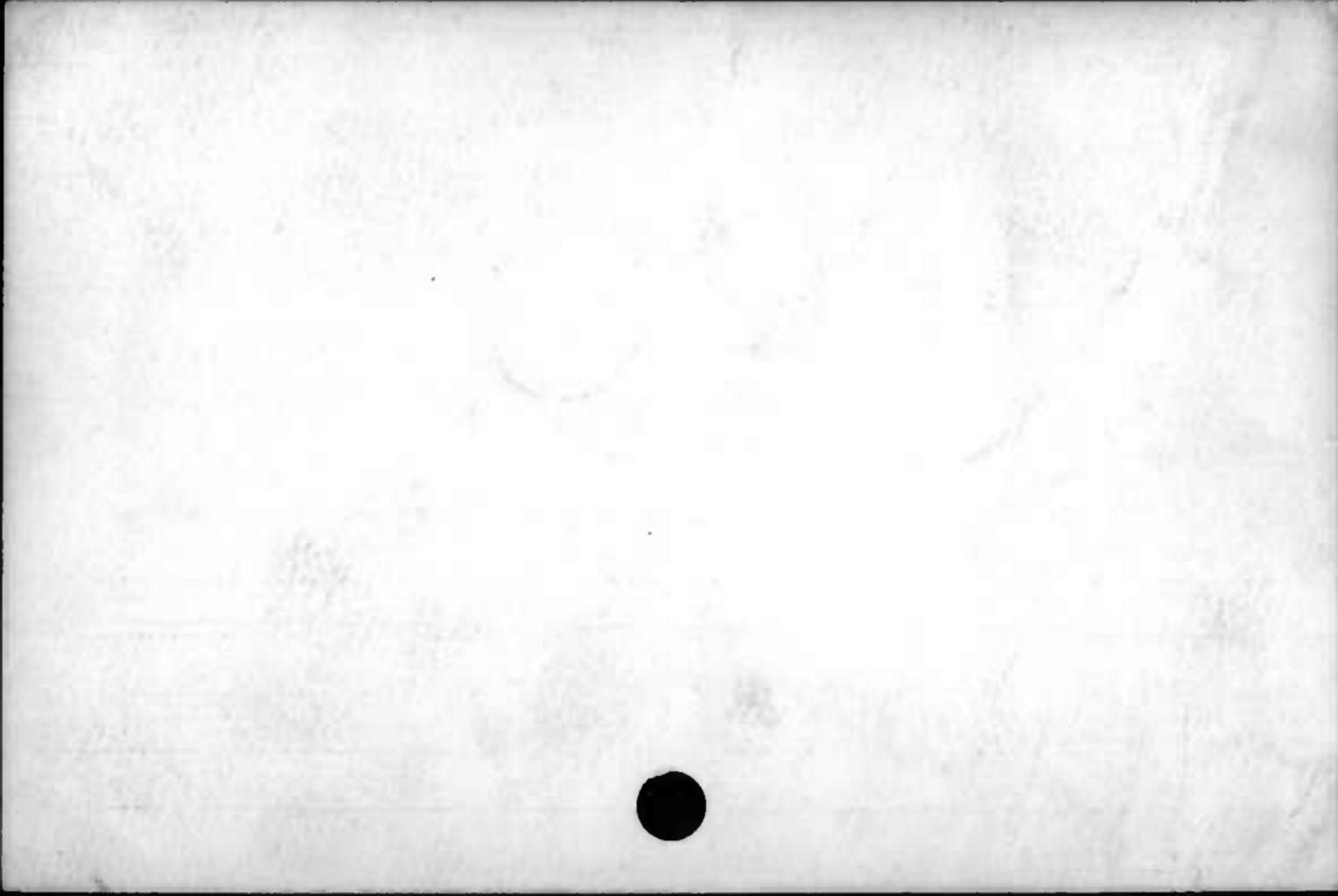
Address

Dr. G. W. Daigell
Wilson

Are the name, age, sex, color, date and place correctly given above?

as far as known

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death 1903	Month 5	Day 30	Years 58
Sex female	Color or Race black	Birth- place Md	Months
Married, Single or Widowed married	Occupation Housewife	Days	
Name of Wife or Husband Lamm Smith			
Father's Name Lamm Hopkins	Father's Birthplace Md		
Mother's Maiden Name Lamm Hopkins	Mother's Birthplace Md		
Name of person giving Information Agnes Brown	How related to deceased Friend		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Paralysis - General	How long 18 months
Immediate Exhaustion	How long 2 months
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician
Address	W. Williams Savage
Accident or Suicide? no	Md



Name
in
Full

Daniel Titter

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town
Glenview

County

Huron

MARYLAND

Date
of death 190

Month
3

Day
20

Years
15-

Months
2

Days

Sex
Male

Color or
Race
Black

Birth-
place
Md

Married, Single
or Widowed
Single

Occupation
Laborer

Name of Wife or
Husband

Father's
Name
Daniel Titter

Father's
Birthplace
Va

Mother's
Maiden Name
Sarah J. Snell

Mother's
Birthplace
Md

Name of person giving
Information
Henry William

How related
to deceased
Friend

CAUSES OF DEATH

Primary

Ammonia

93

How long
17 days

Immediate

Heart failure

How long
1/2 days

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician
Dr.

William M. S.

PHYSICIAN
OR CORONER



Accident or Suicide?

Savage
Md



Name
in
Full

Martha Elizabeth Pasfield

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month 3	Day 27	Years 70	Months 1	Days
Sex Female	Color or Race White	Occupation Housewife	Birth-place Md.		
Married, Single or Widowed	Widow		Housewife		
Name of Wife or Husband	Mrs. Pasfield				
Father's Name	Nicholas Lyddane		Father's Birthplace		
Mother's Maiden Name	Mary Ann Barret		Mother's Birthplace	-	
Name of person giving information	Harry Cole		How related to deceased	Grandchild	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Cancer

45

How long

1 yr.

Immediate

Masstrons

How long

2 mos.

Are the name, age, sex, color, date and place correctly given above?

Yes

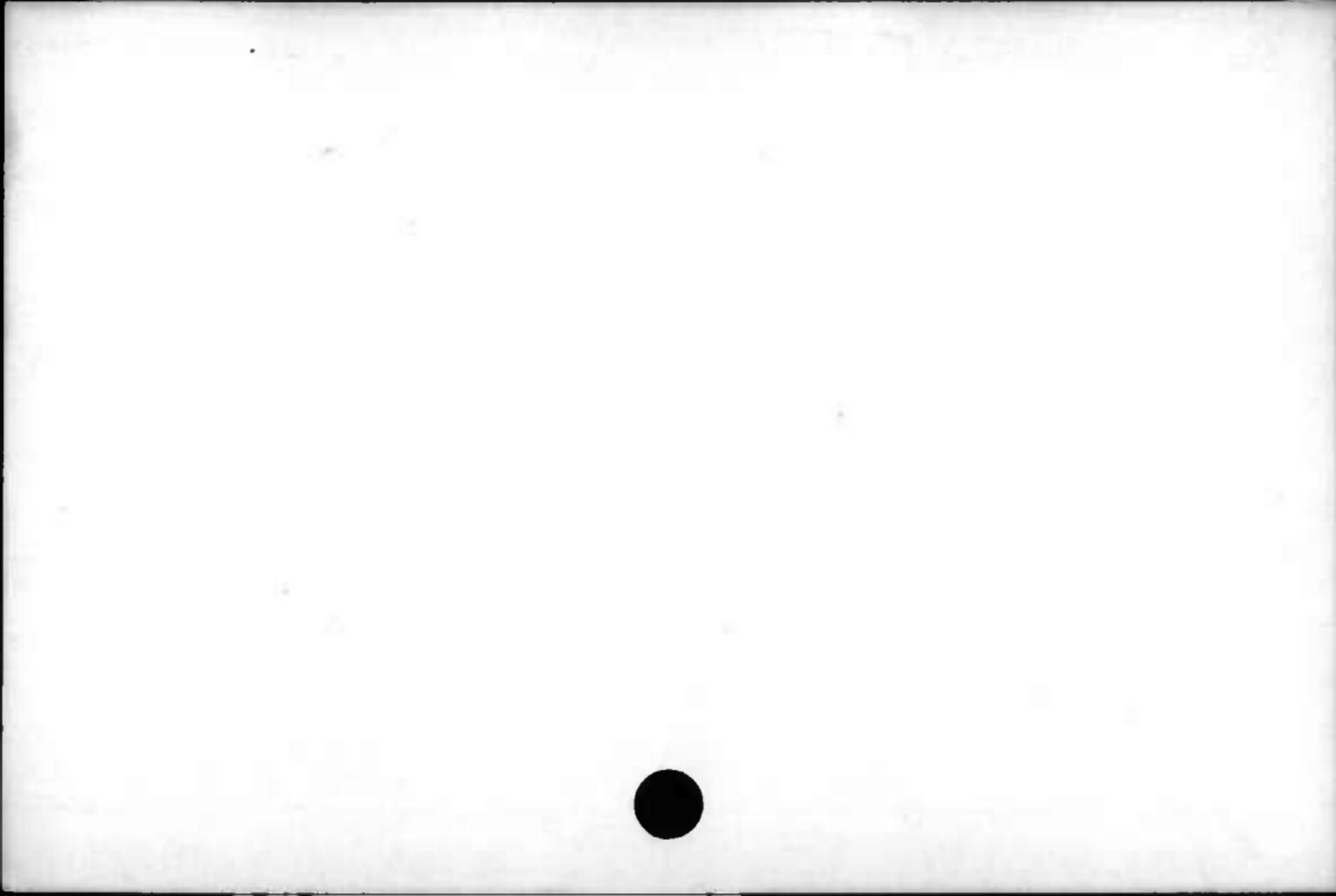
Signature of Physician

W. W. L. Cisell.

Address

Highland. Md.

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

#18 Mary Anna Wartman

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND
Died at	Lisbon.	Howard	
Date of death 1903	Month Mar	Day 2	Years
			Months —
Sex Female	Color or Race White	Birth-place	Days 11.
Married, Single or Widowed	Occupation		
Name of Wife or Husband			
Father's Name	Chas. G. Wartman	Father's Birthplace	Maryland
Mother's Maiden Name	Sally F. Igelnhart.	Mother's Birthplace	Maryland
Name of person giving information	Chas. G. Wartman	How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Premature birth. How long —

Immediate Asthma 151 How long 2 days

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician

Address

J.W. Lay,
Lisbon -

Accident or Suicide?



Child Unnamed

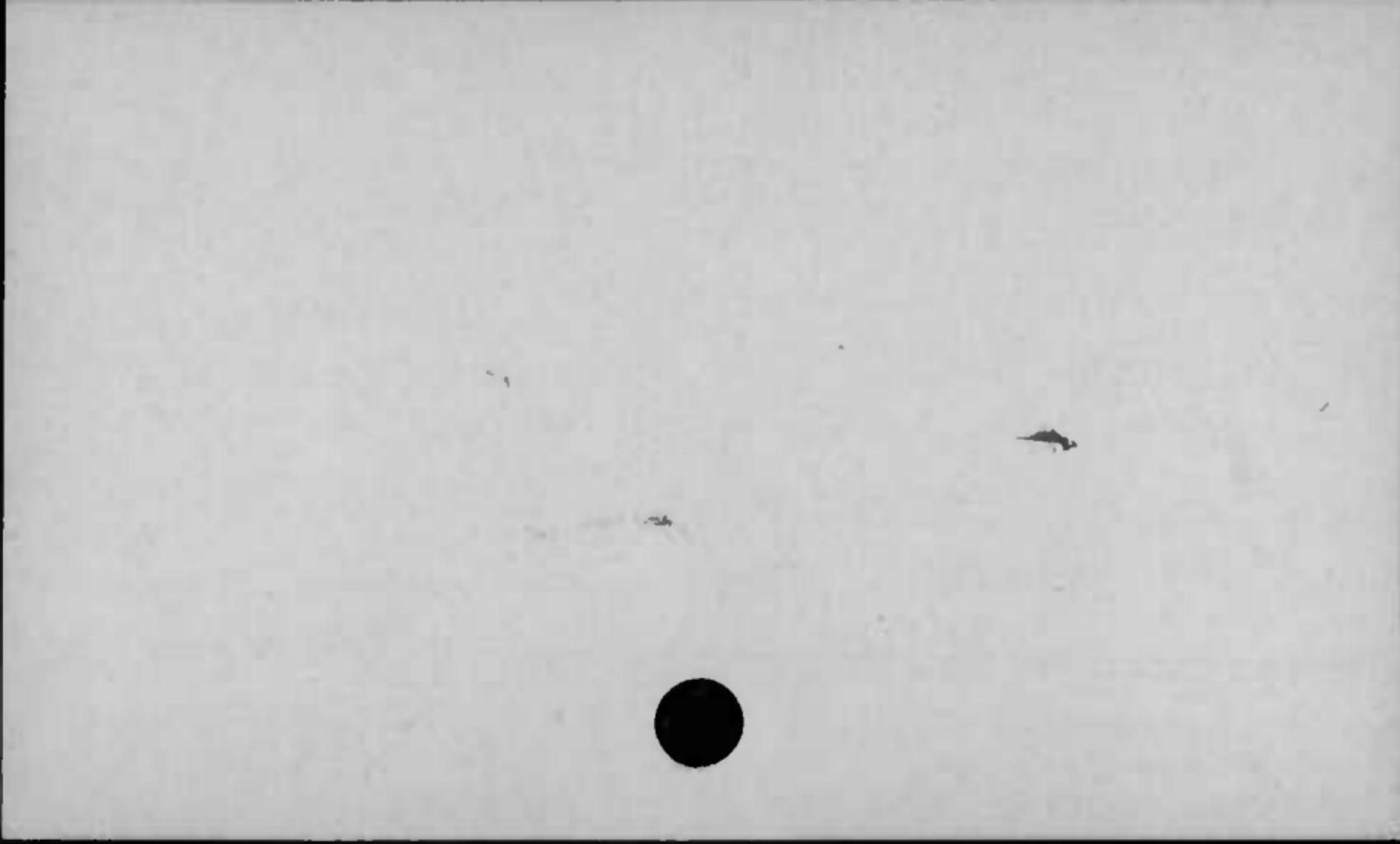
Died at	Town <u>Gary</u>	County <u>Henderson</u>	MARYLAND
Date 19	Month <u>03</u>	Day <u>Mar 22</u>	Y. M. D.
			Native of
			Occupation
Female	Colored	<u>Married</u>	<u>Widow</u>
		<u>Singl</u>	<u>Widower</u>
			Divorced
Husband of	<u>Latwo Roagis</u>		
Wife			
Father's Name	Mother's Maiden Name <u>Laura Worthington</u>		
Cause of Death	Primary	How long sick <u>4days</u>	
Death	Immediate	Accident, Suicide, Homicide	

Reported by

Julia Poncess
Glenwood

179

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Ora tie Gellmer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 190	Month	Day	Years	Months	Days
3 March	1		Age		12.
Sex	Female	Color or Race	white	Birth- place	Maryland
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name	Martin Gellmer		Father's Birthplace	Germany	
Mother's Maiden Name	Helen Kominski		Mother's Birthplace	Russia	
Name of person giving Information	Father		How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	miscarriage	15	How long
Immediate			How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Dr. Williams reported
by Dillon Easton
Eldorado City

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Accident or Suicide?

